

15th Annual Ortho-Bionomy Conference

Thursday Evening, April 29th - Sunday, May 2, 2010

Coronado Springs Resort, Orlando, Florida (call 407-939-1020, group: G0544449 reservation, Ortho-Bionomy)



Please fill out this form and send with the appropriate fee to the Society of Ortho-Bionomy International® office.

Presenters: If you have been chosen as a presenter, please use the Presenter blank in the Other Fees and Credits section of this form.

Name: _____ Phone: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

E-mail: _____ Country: _____

Conference Registration Fees – New Payment Plan Option is Listed Below

_____ \$425 Early Bird – By November 1, 2009

_____ \$500 On-Time - By February 1, 2010

_____ \$575 Late - After February 1, 2010

Payment plan would be 4 installments, with first installment being upon receipt of the conference form, 2nd, 3rd and 4th installments on the 1st of each of the following three months after receipt of your form.

_____ Yes, I wish to pay in 4 installments over 4 months. Permission granted to charge the credit card listed.

Other Fees and Credits:

_____ One Day Fee \$275 Please select day _____ Friday _____ Saturday

_____ Single Presentation Fee \$ 75 which presentation? _____

_____ Non Member Additional Fee \$100

_____ Bringing massage table(s) (\$ 25) credit on registration for 1 or more tables, maximum \$25 credit

_____ Presenter \$100 Please note you must have been selected as a presenter.

_____ Morning or Panel Presenter (\$100) Please note you must have been selected as a panel or morning presenter.

_____ **TOTAL AMOUNT ENCLOSED** (please pay in full, unless you have chosen the credit card payment plan)

PAYMENT: SOBI Accepts Checks, Money orders (in US Funds), or Visa/Mastercard

Credit card #: _____

Exp: _____ 3-digit ID Code: _____ Billing address zip code: _____

Practitioner & Instructor Meeting Sign Up and Volunteer/Silent Auction Information:

_____ I plan to attend the Practitioner Meeting on Sunday

_____ I plan to attend the Instructor Meeting on Sunday - Monday

_____ Please check if you are interested in volunteering at the conference. You will be contacted to volunteer.

_____ Please check if you have items to donate for the silent auction. Please list them below

Item: _____ Opening Bid: \$ _____

Until March 15th, 2010, cancellations can be made minus a \$100 processing fee.

Society of Ortho-Bionomy International®

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Fax: 317-536-0065

Rec'd by office: _____ Amt Payment: _____ Payment Type: ch _____ cc _____ Ran _____